

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1				51						
2		1		1			52						
3		2		1			53						
4		6		1			54						
5		6		1			55						
6		6		1			56						
7		6		1			57						
8		6		1			58						
9		6		1			59						
10		6		1			60						
11		6		1			61						
12		6		1			62						
13		6		1			63						
14		6		1			64						
15		6		1			65						
16		6		1			66						
17		6		1			67						
18		6		1			68						
19		6		1			69						
20		6		1			70						
21	/		1				71						
22		1		1			72						
23		1		1			73						
24		1		1			74						
25	/		1				75						
26	/		1				76						
27		1		1			77						
28		2		1			78						
29		6		1			79						
30		6		1			80						
31		6		1			81						
32		6		1			82						
33		6		1			83						
34		6		1			84						
35		6		1			85						
36		6		1			86						
37		6		1			87						
38		6		1			88						
39		6		1			89						
40		6		1			90						
41		6		1			91						
42	/		1				92						
43		1		1			93						
44		2		1			94						
45		6		1			95						
46		6		1			96						
47		6		1			97						
48	/		1				98						
49	/		1				99						
50	/		1				100						
TOTAL IND.	8		8				TOTAL IND.						
TOTAL DEP.	45		42				TOTAL DEP.						
TOTAL CLAIMS	53		50				TOTAL CLAIMS						